

PARTICIPANT ENROLLMENT
GOVERNMENTAL 457(b) PLAN

City of Riverside Employee’s Deferred Compensation Plan 98246–01

Participant Information

Last NameFirst NameMISocial Security Number

Address – Number & Street

CityStateZip Code

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Home PhoneWork Phone

E–Mail Address

Mo Day YearFemaleMale

Date of BirthMarriedUnmarried

Payroll Information

I elect to contribute \$ (per pay period) of my compensation as before–tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: Mo Day Year Date of Hire: Mo Day Year

To be completed by Representative:

Division Name

Division Number

Investment Option Information (applies to all contributions) – Please refer to your marketing communication materials for information regarding each investment option.
I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund’s prospectus or other disclosure documents. I will refer to the fund’s prospectus and/or disclosure documents for more information.

INVESTMENT OPTION NAME	INVESTMENT OPTION CODE	INVESTMENT OPTION NAME	INVESTMENT OPTION CODE
Aggressive Profile	PS5000	Legg Mason Value Trust, FI	LMV000
Moderately Aggressive Profile	PS4000	Maxim Growth Index Portfolio	GI000
Moderate Profile	PS3000	Maxim Stock Index Portfolio	GF000
Moderately Conservative Profile	PS2000	Maxim T. Rowe Price Equity/Income Port.	TEI000
Conservative Profile	PS1000	Maxim Value Index Portfolio	VI000
Artisan International Fund	AI000	Oppenheimer Capital Appreciation, A	OCA000
Maxim Templeton International Equity	IEF000	Janus Balanced Fund	JBA000
Maxim INVESCO ADR Portfolio	ADR000	Maxim Bond Index Portfolio	BI000
AIM Small Cap Growth A	ASC000	Maxim Loomis Sayles Bond Portfolio	CBF000
Maxim Ariel Small–Cap Value Portfolio	AVF000	Maxim US Government Securities Portfolio	USG000
Maxim MFS Small Cap Portfolio	SCG000	PIMCO Total Return Admin	PTR000
Maxim Loomis Sayles Small–Cap Value	LSA000	Great–West Daily Interest Guarantee Fund	DIGFII
Maxim Index 600 Portfolio	MR2000	Great–West Guaranteed Fixed Fund	GFF
American Century Equity Income Fund	EQI000	Great–West Guaranteed Certificate Fund 60 Month	GCFII
Ariel Appreciation Fund	APP000	Great–West Guaranteed Certificate Fund 36 Month	GCFII
INVESCO Dynamics Fund	IDY000	Great–West Guaranteed Certificate Fund 84 Month	GCFII
Maxim T. Rowe Price MidCap Growth Port.	TMC000	Maxim Money Market Portfolio	MMF000
Federated Capital Appreciation, A	FCA000		

MUST INDICATE WHOLE PERCENTAGES =100%
See following page(s) for Participation Agreement and Required Signature(s)



Last Name

First Name

MI

Social Security Number

Participation Agreement

Withdrawal restrictions – I understand that the Internal Revenue Code (the “Code”) and/or my employer’s Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment options – I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance with Plan Document and/or the Code – I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete forms – I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options for which I have most recently selected.

Account corrections – I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signatures – I have completed, understand and agree to all pages of this Participant Enrollment form.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee

Plan Administrator forward to Service Provider at:

Great-West Retirement ServicesSM

P.O. Box 173764, Denver, CO 80217–3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1–800–701–8255 **Fax#:** 1–303–737–4355

Authorized Plan Administrator/Trustee Signature

Date

Representative must check one of the following:

- ☐ Solicited: representative met with individual participant to solicit enrollment and has verified suitability of allocation per participant’s investment objectives
- ☐ Unsolicited: representative did not meet with participant

Registered Representative Signature

Date

Registered Principal Signature

Date